

**STATE OF ALASKA FILING NOTIFICATION
NOMINATING PETITION CANDIDATE FOR GOVERNOR**

Please check: ____ I acknowledge that the Nominating Petition Form and Subscribers' pages must be filed by
5:00pm, August 24, 2010

Please check one: My **Financial Disclosure Statement** is (1) ____ Enclosed **OR** (2) ____ On file with the Alaska Public
Offices Commission. **NOTE:** Candidates selecting option 2, are encouraged to contact APOC prior to filing to ensure
they have a current *Public Officials Financial Disclosure Statement* on file with APOC.

GENERAL INFORMATION (Please print or type)

I, _____, am a qualified voter as required by law, and declare myself to be a
resident

of Alaska and a candidate by petition for the _____ political group (if any), for the office
of:

GOVERNOR

The name of the candidate running jointly with me for Lt. Governor is _____
[AS 15.25.180(a)(17)]

I will accept this nomination and request that my name be placed on the **November 2, 2010** General Election ballot if my
petition is certified.

RESIDENCY INFORMATION

My current Alaska residence address is: _____, AK _____.
(Use street #, mile post, or other physical location description) (City) (Zip)

I have lived at this address since ____ / ____ / _____. I have been a resident of Alaska since ____ / ____ / _____.
(MM / DD / YY) (MM / DD / YY)

My mailing address: _____, _____, _____, _____.
(Mailing Address) (City) (State) (Zip)

Mailing address and phone number for correspondence and the Division of Elections' web site listing:

_____, _____, _____, _____, _____.
(Official Candidate Mailing Address) (City) (State) (Zip) (Phone)

I request that my name appear on the General Election ballot in the following manner:

_____, _____, _____, _____.
(Last Name) (First Name) (MI) (*Nickname and/or Suffix)

*The Director of Elections may not include on the ballot as part of candidate's name, any honorary or assumed title or prefix but may
include in the candidate's name any nickname or familiar form of a proper name of the candidate. [AS 15.15.030(4)]

CERTIFICATION

I, the undersigned, certify that the information in this Filing Notification is true and complete, and that I meet the specific
residency and citizenship requirements of this office. I further certify that I shall be at least 30 years of age on the first
Monday in December following the election. I am not a candidate for any other office to be voted upon at the Primary or
General Election, nor am I a candidate for this office under any other Declaration of Candidacy or Nominating Petition. I
also acknowledge that should I choose to withdraw my candidacy, my withdrawal must be received by the Director of
Elections in writing over my signature at least 48 days before the General election. I will accept this nomination and will
serve if elected.

Subscribed and sworn to before me this

_____ day of _____, 20_____.

(Signature of Notary Public)

My commission expires: _____

(Candidate's Signature)

(Home Phone)

(Work Phone)

To assist staff in verifying candidate/voter identification,
please provide one of the following:

SSN, ADL, Voter # or DOB: _____

NOTARY SEAL